



Office of Vermont Health Access Pharmacy Benefits Management Program

Prescriber Announcement

The Preferred Drug List (PDL) identifies preferred drugs within therapeutic classes. The ongoing maintenance and use of the PDL encourages cost-effective prescribing by featuring less expensive alternatives that can achieve similar clinical results. As you know from our September mailing, the DUR Board has recently reviewed proposals for a number of changes to the PDL. Some additional modifications have been made since September as a result of specific comments by physicians from around the state.

Enclosed are lists identifying your patients affected by the changes in the PDL. We have provided this information to you in two formats; by patient listing affected drugs and by drug name with your patients currently prescribed that medication.

To provide some background, the following provides information on some of these changes were made:

Drug Class	Changes
Alzheimer's Disease Cholinesterase Inhibitors	This is a new class to the PDL. The initial proposal was Exelon [®] as sole preferred agent. The Board and commenters requested more options. Ultimately 4 drugs were approved (see attached chart for changes).
Analgesics: COX-2 Inhibitors	Prior to the September DUR Board meeting the proposal was Vioxx [®] as the sole agent. In response to written concerns from 7 prescribers and early reported concerns on the use of this product, Celebrex [®] was added to the preferred list to assure physician choice for patients with identified heart conditions. With Vioxx [®] removed from market, Bextra [®] was added as an additional preferred agent. Thus, both Bextra [®] and Celebrex [®] are available without PA for patients > age 60.
Analgesics: NSAIDs	With the withdrawal of Vioxx [®] from the market and the ongoing concern regarding the potential risks involved in the use of COX-2s, over-the-counter coverage for NSAIDs is extended to all beneficiary coverage groups. See chart below.
Anti-hypertensives: Beta Blockers	Toprol XL [®] now non-preferred. In 2002 the Board understood that Toprol XL represented a low cost alternative. That has proved not to be correct. A 50mg dose of Toprol XL costs \$1.23, metoprolol generic (25mg bid) costs \$0.10/day.
Anti-virals for Herpes	This is a new class to the PDL. The initial proposal excluded Valtrex [®] as a preferred agent. Two prescribers presented clinical evidence to include Valtrex [®] as a preferred agent. As a result 3 drugs are available (see attached chart for changes).
CNS Stimulants	Two clinicians expressed concern over the proposed change in the status of Concerta [®] to non-preferred. The issue was prescribing for children. However, children (< age 18) are exempt from PA for this drug as a result of the current exemption for drugs used for the treatment of Severe and Persistent Mental Illness (SPMI).
Erectile Dysfunction Medications	Levitra [®] and Viagra [®] newly preferred agents. At the request of a concerned clinician, the clinical criteria were amended to provide a pharmaceutical care approach rather than serving to validate the diagnosis.
Fluoroquinolones	Proposal to move Levaquin [®] to non-preferred status placed on hold. Criteria have been amended to allow for prescriptions written to complete hospital initiated courses of therapy. The DUR Board requested ID discussion comparing Avelox [®] and Levaquin [®] as part of the November meeting.
Growth Hormones	The criteria have been updated with the approved listing of diagnoses expanded.
Inhaled Anticholinergics	This is a new class to the PDL. New drug, Spiriva [®] , added to the proposal for preferred agents as a result of written and verbal prescriber comments.
Plaque Psoriasis Injectables	The criteria have been updated with the approved listing of diagnoses expanded.
Proton Pump Inhibitors	The initial proposal on PPIs was for Nexium [®] , Prevacid [®] or Prilosec OTC [®] as preferred

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	agents though PA would be required after 12 weeks of therapy. The Board requested that a product be available without PA after 12 weeks for those patients with proven ongoing need. Considerable discussion resulted in a decision to implement a 6 month trial of allowing all 3 preferred agents without restriction when used as a daily dose: Nexium® (20 or 40mg daily), Prevacid® (15 or 30mg daily), or Prilosec OTC® (20mg daily). In addition to PA for non-preferred agents, PA is required for Nexium®, Prevacid® or Prilosec OTC® for bid dosing. The length of authorization for a PA for all PPIs has been increased to a minimum of 1 year. Note that while Prilosec OTC® does not require PA, its generic equivalent legend drug, omeprazole, requires PA. This is because this generic is new in the marketplace and its price is greater than Prilosec OTC®.
Pulmonary Medications: Antihistamines: Low-sedating	Original proposal to move Allegra® to non-preferred status solicited concern from 3 physicians/groups. The Board had agreed to this change because data showed little use of loratadine with 1 patient for every 20 Allegra® patients and indicated that 19 days of care can be provided with loratadine for the cost of one day of care with Allegra®. A mailing was sent in September assuring prescribers that loratadine would be covered for all beneficiaries even though it was an over-the-counter product. Further comment resulted in a decision to apply step therapy. If Allegra® is prescribed and claims history indicates a patient has had a prescription for at least a 15 day supply of loratadine in the 30 days prior to fill, no PA will be required. If our claims history does not reflect loratadine use a PA will be required. Note that the Allegra® profiles included in this mailing do not reflect loratadine use. Because of the high cost of Allegra® we ask that loratadine be considered as an alternative. If you prescribe at least a 15 day supply of loratadine in the 30 days prior to the patient filling their prescription, such that it shows in our claims history, no PA will be required.

The enclosed chart is an updated listing of all changes to the PDL. For updated copies of the Quick List visit our website at: <http://www.path.state.vt.us/districts/ovha/ovha49.htm> (Preferred Drug List and Drugs Requiring PA: Categorical Listing). A complete revised copy of the Clinical Criteria will be available on the OVHA website as of December 1, 2004. To download a copy, please follow: <http://www.path.state.vt.us/districts/ovha/ovha49.htm> (12/1/04 Expanded Preferred Drug List and Clinical Criteria).

Coverage for over-the-counter drugs for VHAP Limited, VHAP Pharmacy, VScript, and VScript Expanded programs have expanded to include NSAIDS. The following chart can be posted for easy reference of coverage for all OVHA programs:

Medicaid and Dr. Dynasaur in fee-for-service or managed care (PCPlus), VHAP Managed Care (PCPlus)	1. Medicaid rebate agreement required. 2. OTCs covered.
VHAP Limited, VHAP Pharmacy	1. Medicaid rebate agreement required. 2. OTC coverage limited to loratadine, Prilosec OTC® and non-steroidal anti-inflammatory analgesics (NSAIDs).
VScript, VScript Expanded	1. Maintenance drugs coverage only 2. Medicaid rebate agreement required for VScript and a state-only rebate agreement for VScript Expanded. 3. OTC coverage limited to loratadine, Prilosec OTC® and non-steroidal anti-inflammatory analgesics (NSAIDs).

REMINDER: Coverage for Over-the-Counter Drugs in Vermont's publicly funded health insurance programs is limited to when prescribed as part of medical treatment for a health problem. The Generic Drug Law applies when generics are available.